
FAMILY FIRST PREVENTION SERVICES ACT OF 2018

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NATIONAL CONFERENCE OF STATE LEGISLATURES



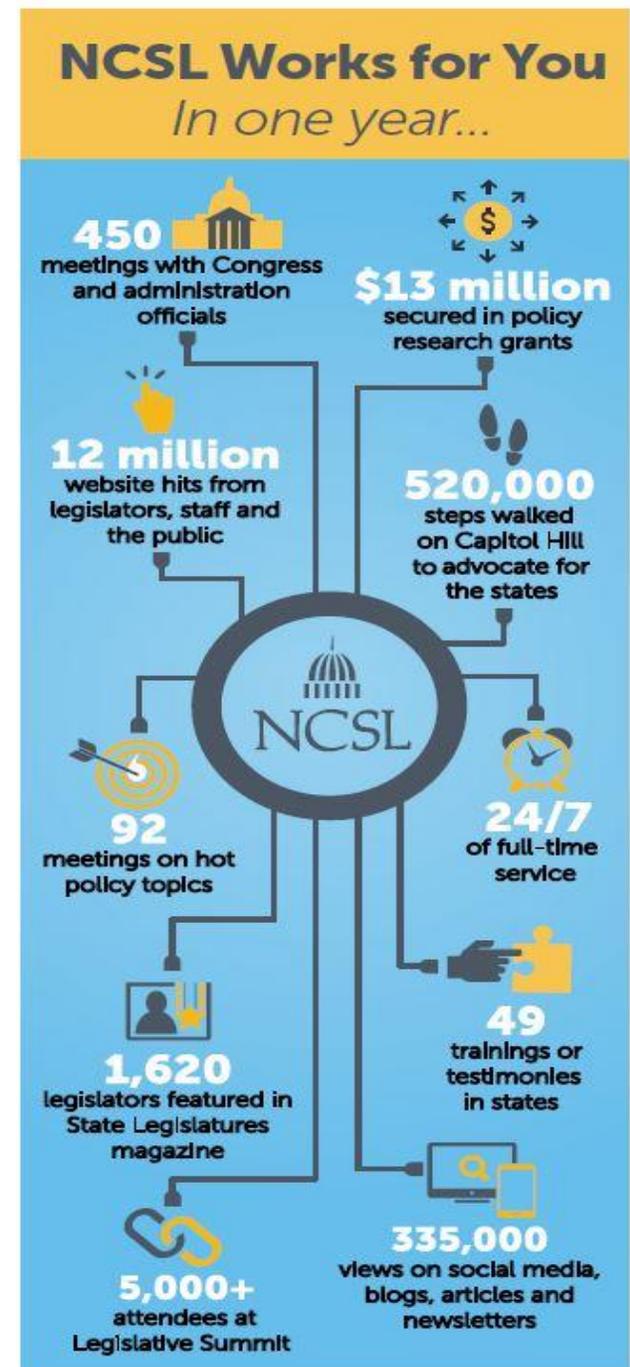
NATIONAL CONFERENCE OF STATE LEGISLATURES

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 - Each of the 50 states and all territories
 - 7,383 state legislators
 - 30,000+ state legislative staff
- Research, education, technical assistance
- Mission:
 - Improve the quality & effectiveness of state legislatures
 - Promote policy innovation and communication among state legislatures
 - Ensure states have a strong, cohesive voice in the federal system



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- Congressional Meetings
- Invitational Meetings
- Information Requests
- State Legislatures Magazine
- Trainings and Testimony
- Legislative Summit
- Social Media
- Convening of Stakeholders



FAMILY FIRST PREVENTION SERVICES ACT OF 2018

Family First Prevention Services Act of 2018 (Family First)

Overview of Family First and Legislative Role in Implementation and Oversight

Prevention Services

Congregate/Residential Care

Other Important Provisions

State Legislative Response

Family First Planning: CO, HI, MT, NE, OK, OR, VA

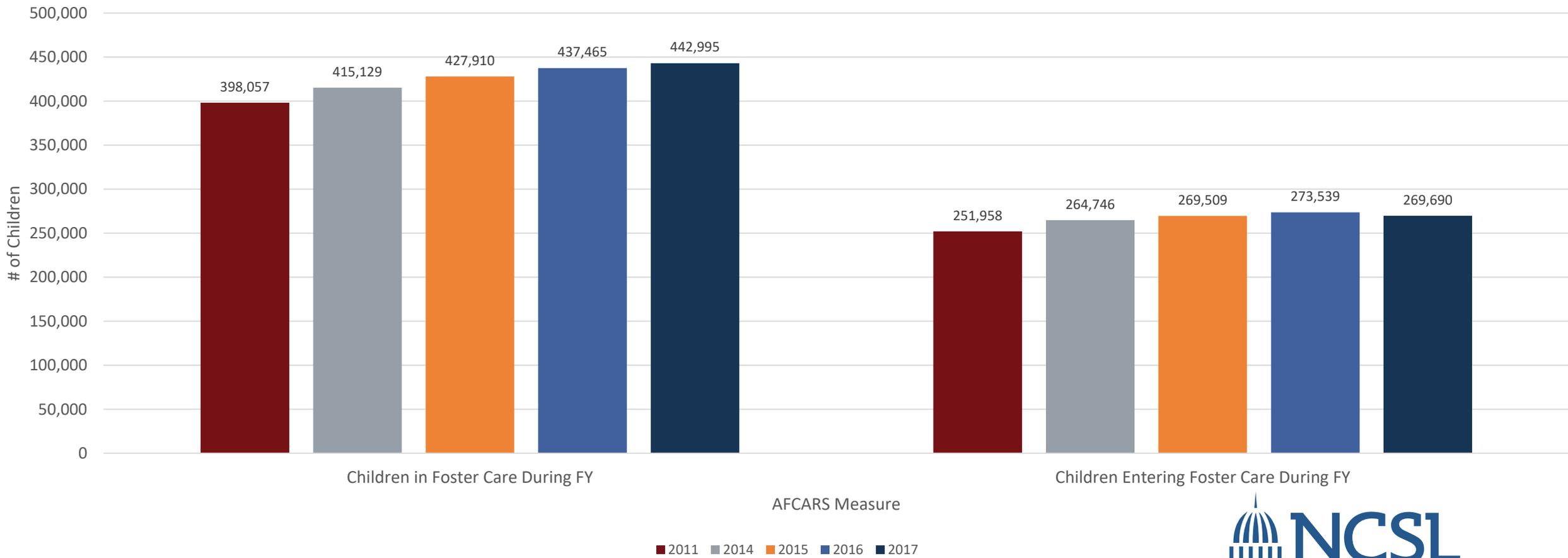
2019 Introductions: 61 bills in 26 states; 30 enacted/sent to governor in 17 states

Next Steps/First Steps for Lawmakers to Consider



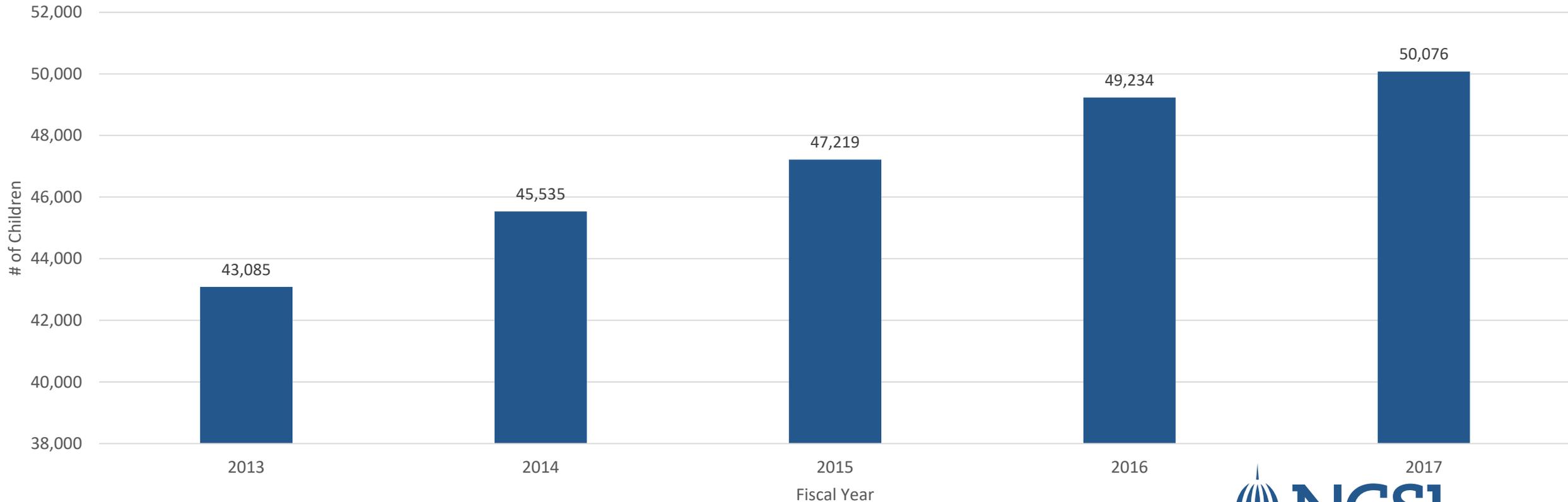
IN FY2017, THERE WERE APPROXIMATELY 442,995 CHILDREN IN FOSTER CARE IN THE U.S., THE HIGHEST CASELOAD SINCE 2008. IN THE SAME YEAR, MORE THAN 269,000 CHILDREN ENTERED CARE

Number of Children in Foster Care and Number of Children Entering Foster Care



THE NUMBER OF CHILDREN UNDER THE AGE OF 1 ENTERING FOSTER CARE IS INCREASING, THE HIGHEST PERCENTAGE, BY AGE GROUP, OF CHILDREN ENTERING FOSTER CARE

of Children Under Age 1 Entering Foster Care during FY
Represents 19% of all Entries



Source: AFCARS

CHILDREN IN CONGREGATE CARE

A 2015 federal analysis of Adoption and Foster Care Analysis (AFCARS) data on congregate care:

September 30, 2013: 55,916 - 37% decline over the past decade.

Why are children placed in congregate care?

September 30, 2013:

- 36% of children had a DSM mental health diagnosis
- 45% had a child behavior problem as a reason for removal
- 10% had a disability
- 28% had **no clinical indicators**

How long do children stay in congregate care?

- Average of 8 months, compared to 11 months for children in other types of care
- 36% spent less than 60 days in congregate care
- 5% spent 61 to 90 days in care
- 35% spent 91 days to 1 year
- 24% spent more than 1 year in congregate care

What does the research say about congregate care?

- Research indicates that children, especially those ages 12 and under, should be placed in the least restrictive, most family-like settings possible.
- Youth at greater risk of:
 - Physical, emotional and behavioral problems, school failure, teen pregnancy, homelessness, unemployment and incarceration.



FAMILY FIRST PREVENTION SERVICES ACT OF 2018

On Feb. 9, 2018 Bipartisan Budget Act of 2018 (H.R. 1892) (P.L. 115-123) signed into law; included in the act is the **Family First Prevention Services Act (Family First)**:

Potential to dramatically change child welfare systems across the country.

- **New:** States and Tribes can claim open-ended federal Title IV-E reimbursement for certain prevention services beginning October 1, 2019. This policy is optional for states.
 - **New:** Policy for residential/congregate care placements for children in foster care beginning October 1, 2019.
 - New funding/existing funding for prevention, courts, and substance abuse prevention grant funding.
- A monumental shift in child welfare funding and structure.
 - Child welfare experts agree that many children and youth can safely remain at home while their parents receive necessary community services, and that removing children from their homes often subjects them to trauma and grief.
 - To ensure the safety, permanency and well-being of children and their families, and to begin to address the current opioid and substance abuse crisis, the federal government will reimburse states for prevention services for children at imminent risk of entry into foster care.
 - Federal reimbursement for prevention services is available regardless of the income of the child, parents, or kinship caregiver.
 - Legislators can play key roles in educating members, convening stakeholders, planning, implementation and oversight.
 - Time is critical.

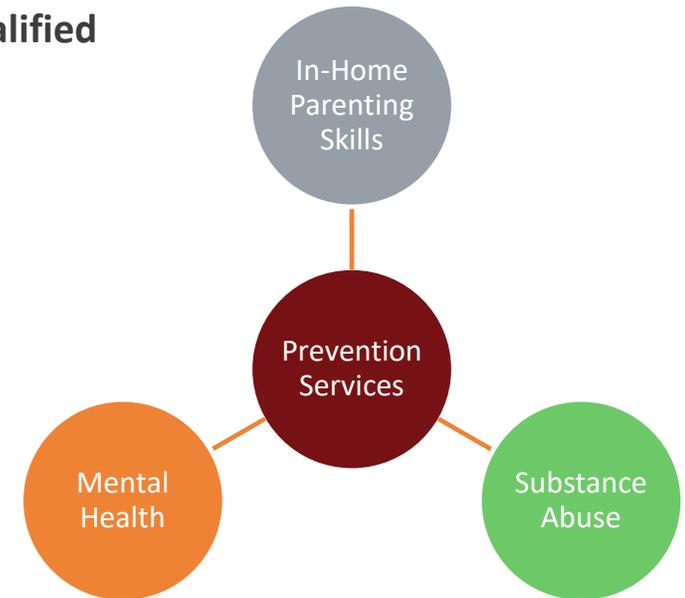


FAMILY FIRST PREVENTION SERVICES ACT OF 2018

BEFORE Family First	AFTER 2018 Family First
Most federal Title IV-E money designated for foster care	Title IV-E money: in-home parenting skills, services, substance abuse prevention and treatment, and mental health treatment, kinship navigators
Services only for the child	Prevention services for child, parents, kinship care providers
Income test	No income test
Title IV-E funding for children placed in group homes with little oversight	Congregate care/residential homes must be quality, appropriate settings to qualify for Title IV-E funds
No funds for children placed with parents in residential treatment	12 months of Title IV-E money for these placements

PREVENTION SERVICES

- Mental health and substance abuse treatment and services have to be provided by a qualified clinician.
- Children can receive services for up to 12 months.
- There is no limit on how many 12 month periods that a state claim for reimbursement.
 - Children who are “candidates for foster care”
 - Pregnant or parenting foster youth
 - Parents of these children and youth (both biological and adoptive parents)
 - Kinship caregivers of these children and youth



Candidates for foster care: Children who can remain safely at home or in a kinship placement with receipt of services.

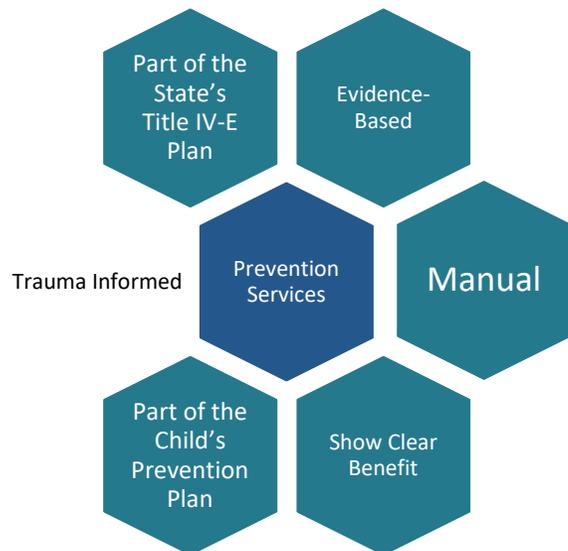
No income test for eligibility.

States can claim Title IV-E reimbursement for the optional prevention services beginning on October 1, 2019.

PREVENTION SERVICES

Family First required the U.S. Department of Health and Human Services to create a pre-approved list of services that will qualify for reimbursement by October 1, 2018.

Eligible services must meet certain requirements:



- Must be trauma informed.
- Must be part of the child's prevention plan.
- The service must be described as part of a state's Title IV-E plan.
- There must be a manual outlining the components of the service.
- The service must show a clear benefit and no risk of harm to participants (see legislation for details).
- The service must meet one of the following three evidence thresholds:
 - **Promising Practice:** An independent systematic review has been conducted using some form of control group.
 - **Supported Practice:** A randomized-controlled trial or rigorous quasi-experimental design shows sustained effect for at least six months after treatment.
 - **Well-supported treatment:** A randomized-controlled trial or rigorous quasi-experimental design demonstrates sustained effect for at least a year after treatment.

PREVENTION SERVICES

*** well supported | ** supported | * promising | X does not meet criteria | NR not yet reviewed

Mental Health

- Parent-Child Interaction Therapy ***
- Parent Trauma Focused-Cognitive Behavioral Therapy *
- Multisystemic Therapy ***
- Functional Family Therapy ***

Substance Abuse

- Motivational Interviewing Multisystemic Therapy NR
- Families Facing the Future **
- Methadone Maintenance Therapy *

In-Home Parent Skill-Based

- Nurse Family Partnership ***
- Healthy Families America ***
- Parents as Teachers ***

Kinship Navigator Programs

- New Jersey Children's Home Society X
- Children's Home Inc. KIN-Tech X

PREVENTION SERVICES: REIMBURSEMENT RATES

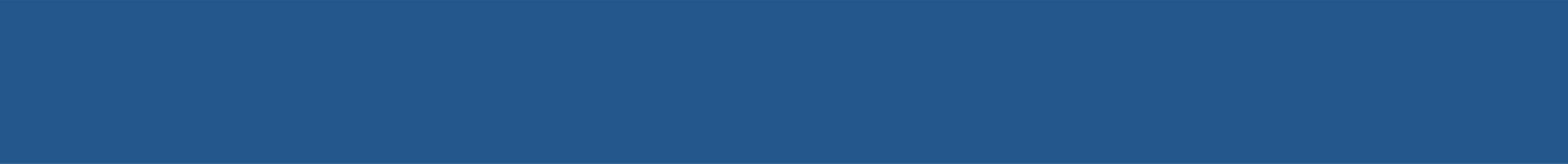
10/1/19- 9/30/26

- 50% federal reimbursement October 1, 2019 through September 30, 2026.

10/1/26

- Beginning October 1, 2026, federal reimbursement will be state's FMAP rate.

- At least 50% of spending each fiscal year must be for well-supported practices.



Congregate, Residential and Group Care

CONGREGATE, RESIDENTIAL AND GROUP CARE

New requirements intended to provide appropriate placements that meet individual child's needs.

Family foster care limited to six children, with certain exceptions (specified in the bill).

Federal Title IV-E reimbursement for children placed for more than 2 weeks is allowed only for the following residential placements:

- *A specialized program for pregnant or parenting teens in foster care
- *A supervised independent living placement for a child age 18 or older
- *Residential care and supports for children who have been or are at risk of sex trafficking
- **A Qualified Residential Treatment Program (QRTP)** as described on the next 3 slides.

*Placements already allowable and will continue.

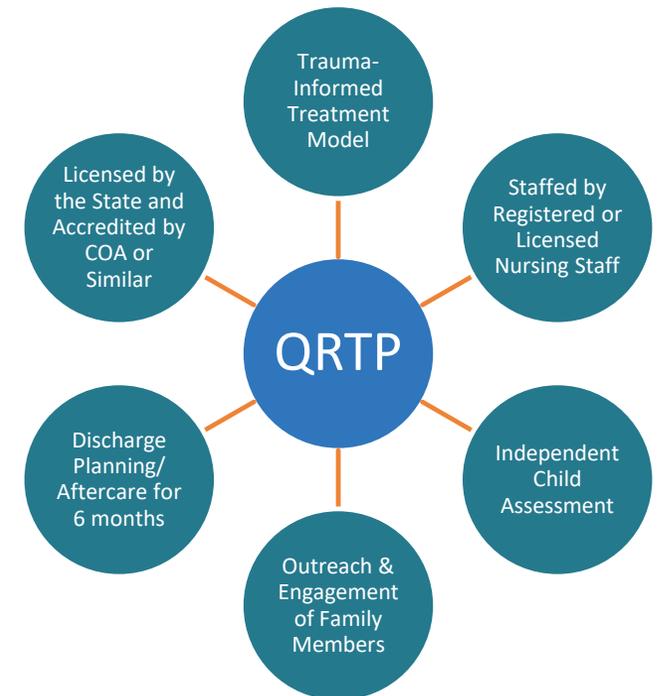


QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP)

QRTP Programs

Beginning October 1, 2019, **Qualified Residential Treatment Programs (QRTP)**, will be reimbursable through federal Title IV-E. For a setting to be designated as a qualified residential treatment program (QRTP), it must meet the following qualifications:

- Utilizes a trauma-informed treatment model that includes service of clinical needs.
- Meets the treatment needs of child as determined by an independent assessment within 30 days of placement. The court must approve or disapprove the placement within 60 days and continue to demonstrate at each status review that the placement is beneficial to the youth.
- Staffed by a registered or licensed nursing staff:
 - Provide care within the scope of their practice as defined by state law.
 - Are on-site according to the treatment model.
 - Are available 24 hours a day and seven days a week.

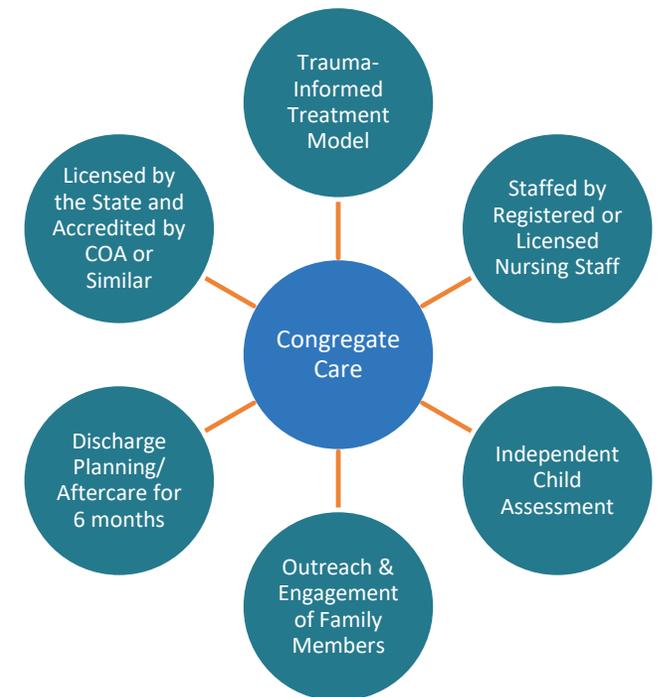


QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP)

QRTP Programs (cont'd)

- Facilitates outreach and engagement of family members in child's treatment plan.
- Must provide discharge planning and family-based aftercare supports for at least 6 months.
- Must be licensed by the State and accredited by at least one of the following:
 - The Commission on Accreditation of Rehabilitation Facilities
 - Joint Commission on Accreditation of Healthcare Organizations
 - Council on Accreditation

There are no time limits for how long a child may be placed in a QRTP as long as the placement continues to meet his/her needs as determined by assessment.



QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP)

States may delay the implementation of this part of the legislation for two years, until September 29, 2021.

This will delay funding for prevention services for the same length of time.

States were requested (not required and states may change their decision) to notify HHS by November 9, 2018 if they wanted to take the delay.



ADDITIONAL IMPORTANT PROVISIONS

Kinship Navigator Funding

- Provides federal Title IV-E support for evidence-based kinship navigator programs at 50%, beginning October 1, 2018. Includes kin caring for children who are not in foster care.

Tracking and Preventing Child Maltreatment Deaths

- By October 1, 2018, states were required to document the steps that they are taking to track and prevent child maltreatment deaths in their states.
- This includes compiling complete and accurate information on the deaths from relevant organizations in the state such as state vital statistics department, child death review teams, law enforcement, offices of medical examiners, or coroners, and the steps the state is taking to develop and implement a comprehensive, statewide plan to prevent fatalities that involves and engages public and private agency partners, including those in public health, law enforcement and the courts.

Kinship Care NAVIGATOR SERVICES of Summit County



ADDITIONAL IMPORTANT PROVISIONS

IV-E funding for Residential Family-Based Treatment

- Child's room and board costs are covered to allow children to remain with parents while parents receive residential treatment.

Recruiting and Keeping Foster Families: Increased Financial Support through 2022

- A one-time, \$8 million competitive grant will be made available through 2022 to support the recruitment and retention of high-quality foster families.

Model Licensing Standards for Family Foster Homes

- By April 2019, states were NOT required to meet newly established national model licensing standards, but were required to report HOW their state licensing standards differ from the new standards, WHY they differ and report whether or not they waive relative caregiver non-safety standards.



NATIONAL MODEL FOSTER FAMILY LICENSING STANDARDS

National Model Foster Family Home Licensing Standards

Subject Standards	Standards and Summary
Foster Family Home Eligibility – Threshold Requirements	<p>A. Foster Family Home Eligibility: A foster family home license includes the following:</p> <p>a. Threshold Requirements</p> <ul style="list-style-type: none"> i. Applicants must be age 18 or older. ii. Applicants must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child or children in foster care. iii. Applicants must be able to communicate with the child, the title IV-E agency, health care providers, and other service providers.¹ iv. At least one applicant in the home must have functional literacy, such as having the ability to read medication labels.
Summary – Foster Family Home Eligibility – Threshold Requirements	<p>The foster family home eligibility standards provide threshold requirements for licensing a foster family home to assess the applicant's: 1) age, 2) financial stability, 3) ability to communicate with the child, health care providers, and other service providers.</p>

ADDITIONAL IMPORTANT PROVISIONS

- States may extend John H. Chafee Foster Care Independence Program funds for youth up to 23 years of age who have aged out of foster care if that state has extended federal Title IV-E funds to children up to age 23.
- States may also extend education and training vouchers up to age 26, but for no more than five non-consecutive years total.



State Legislative Role in Family First

LEGISLATIVE ROLE IN FAMILY FIRST

Opportunity for long-range planning:

Support planning, implementation and oversight.

- Encourage child welfare agency to take advantage of guidance released from federal HHS.
- Review existing policies, processes, standards.
- Examine CFSR results, plans in light of Family First.
- Look closely at Family First and other timelines.
- Review best practice in other states.
- Learn about evidence-based practice.
- Learn about the accreditation process.

Conveners of important stakeholders:

Set up regular meetings during the interim to discuss FFPSA, assess state needs/concerns, examine potential benefits, implementation issues, costs, oversight, set priorities.

- Child welfare, Medicaid, early childhood, courts, education, health and mental health, provider community, university and research partners, and others.
- Foster youth (including transitioning youth), birth parents, kin caregivers, foster and adoptive parents.
- Educate legislative colleagues, including members of Appropriations, Budget, Health, Education committees, and legislative audit, review, finance and similar departments.



LEGISLATIVE ROLE IN FAMILY FIRST: 2019 INTRODUCTIONS

As of June, 2019, at least 61 introduced bills from 26 states; 30 bills in 17 states have been enacted/sent to governor. Topics include definitions, implementation, strategic planning, task forces and more.

NE 2019 L328

Defines candidate for foster care, QRTP, prevention plan, coverage under Medicaid for all eligible services under Family First, creates family and permanency team, yearly report, Kinship Navigator.

NM 2019 HJM 10

Requests the creation of a CPS task force to include an expert in Family First.

NH 2019 SB14

Expands behavioral health services for children to include mobile crisis response and stabilization services and make other improvements in alignment with Family First.

OK 2019 HB2642

Creates an Oversight Committee on the Delivery of Child Welfare Services to review and analyze state laws, agency rules and funding related to the delivery of child welfare services and to ensure state compliance with Family First.

TX SB355

Requires the department to develop a strategic plan to ensure that the provision of prevention and early intervention services meets the requirements of Family First.

VA 2019 HB2014/S1678

Aligns code of Virginia with Family First, defines QRTP and family and permanency team.

WA 2019 HB1900 and SB5826

Defines prevention and family services programs in alignment with Family First, QRTPs, candidates for foster care.

WY 2019 HB170

Ensures that all CPS workers are trained on Family First.

FOR ALL 2019 LEGISLATION, PLEASE SEE:

<http://www.ncsl.org/research/human-services/family-first-updates-and-new-legislation.aspx>



LEGISLATIVE ROLE IN FAMILY FIRST

Colorado 2018 SB 254, Chap. 216

2018 CO SB 254, Chapter 216: Requires the state department to perform an analysis and cost projections to determine the fiscal impact of FFPSA. Child welfare allocation formulas must support the implementation of promising, supported, or well-supported practices as required by Family First.

Each county must perform analysis of available in-home, family-like and out-of-home placements by July 1, 2019. By July 1, 2020, the department must report to the Joint Budget Committee on county utilization rates of those placements and provide an analysis of projected federal reimbursement pursuant to Family First.

Creates a child welfare services task force to analyze laws and rules to ensure alignment with Family First.



LEGISLATIVE ROLE IN FAMILY FIRST

Washington 2018 Work Session

- Included members of Early Learning and Human Services, Health, Appropriations committees
- New Department of Children, Youth and Families
- Medicaid Director
- Washington State Institute on Public Policy (WSIPP) presented on evidence-based practice.

New Mexico 2018 Family First Interim Subcommittee

- Joint interim subcommittee
- Series of informational hearings
- Address next steps in implementation
- Examine maximizing federal dollars
- Federal substance use disorder services grants and overlap with Family First



LEGISLATIVE ROLE IN FAMILY FIRST

Oregon “Three Branch” Family First Implementation and Policy Work Group

Senate Human Services Committee established a “Three Branch” work group – with representation from the legislative, executive and judicial branches of government - to address policy, budget and communication needs related to the implementation of Family First.

- Central hub of communication
- Collaborate to identify actions for OR to meet requirements of Family First
- Meets monthly
- Staffed by legislative research office staff
- In-depth review of Family First
- Information on accreditation process
- Website – Family First legislation, timelines, meeting agendas, model licensing standards:

<https://www.oregonlegislature.gov/gelser/Pages/Family-First.aspx>



LEGISLATIVE ROLE IN FAMILY FIRST

Virginia “Three Branch” Team

Virginia is using a “Three Branch” approach to implementing FFPSA, a structure that allows for participation by the legislative, executive, and judicial branches and has been used successfully in past efforts to improve the child welfare system in Virginia

- How to calculate Virginia’s maintenance of effort level
- Defining the population at “imminent risk” of entering foster care
- Determining providers’ ability to meet the requirements of the new law - offering evidence-based practices for prevention services or to meet the requirements of a “Qualified Residential Treatment Program” for group homes or residential placements
- Determining resources necessary for implementation, to include technical support and training resources for localities

Expected implementation date of October 2019



LEGISLATIVE ROLE IN FAMILY FIRST

NCSL Informational Briefings

**HI, IA, LA, MT, NE,
NM, OK, VT**

- ❑ Hawaii convened an informational briefing June 19, 2018
 - ❑ NCSL, Child welfare agency, Medicaid agency, others
- ❑ Iowa – September 2018
- ❑ Nebraska – October 2018
- ❑ New Mexico – August and November 2018
- ❑ Oklahoma – October 2018
- ❑ Montana – January 2019
- ❑ Vermont – February 2019
- ❑ Louisiana – May 2019
- ❑ Wisconsin – September 2019
- ❑ Utah – September 2019



LEGISLATIVE ROLE IN FAMILY FIRST

Next Steps and Questions for Lawmaker Consideration

Identify current prevention and foster care prevention service.

What is the quality of those services? Are they evidence-based?

How will you build up your evidence-based services capacity?

What does congregate care look like in your state?

What is your foster family capacity to provide family foster care? How many are licensed, trained and prepared to accept children? What is your plan to increase capacity?

How will you identify children in congregate care whose needs can be met through family foster care?

Examine requirements for accreditation.

Monitor implementation through periodic reports to the legislature.



LEGISLATIVE ROLE IN FAMILY FIRST

More Next Steps and Questions for Lawmaker Consideration

1. What outcomes for children does the state need to improve?
2. How can children and families benefit from FFPSA?
3. What other systems need to be involved in planning for FFPSA?
4. How can legislators ensure that Medicaid, behavioral/mental health, substance abuse treatment, public health, the courts, and others are engaged?
5. What is the return on investment for services to prevent the need for foster care?
6. What resources will be invested in the state share of Family First prevention funding?



Contact NCSL

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Resources

NCSL Family First Prevention Services Act webpage: <http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>

NCSL Child Welfare Webpage:

<http://www.ncsl.org/issues-research/human-services.aspx?tabs=858,51,16#16>

Title IV-E (Family First) Prevention Services Clearinghouse: <https://preventionservices.abtsites.com/>

National Model Licensing Standards:

<http://www.grandfamilies.org/Portals/0/Documents/FFPSA/final%20AECF%20model%20licensing%20standards.pdf>

